BIBLIOTHECA MEDICA CANADIANA

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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillant dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted **in duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots**. Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'ortographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

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AWARDS? When
Where

PROMOTIONS? Who
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RESIGNATIONS? To
When

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From:

To:
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BIBLIOTHECA MEDICA CANADIANA

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LIBRARY HAPPENINGS

NEWS AND NOTES

FROM THE EDITORS

BMC has found a new and very different home! The current editorial team has taken **BMC** from the big and extremely capable hands of the University of Western Ontario in London to the small but extremely eager hands of small town Ontario. This transition to Exeter (population 3,700) was made smoothly due to the ongoing support of the U.W.O. team. Many thanks to our predecessors Claire Callaghan and Lynn Dunikowski and to David Le Sauvage for sharing their expertise and talents with us.

We also welcome and appreciate the contribution of CHLA/ABSC member Michelle Leblanc-Poitras, who has volunteered to serve as our **BMC** translator. Michelle is a librarian at the Health Sciences Library at the University of Ottawa.

Last June, a wealth of information was obtained by all who attended CHLA/ABSC's Annual Conference in Ottawa entitled "Capital Investments". This issue contains four conference papers which cover diverse but pertinent topics such as leadership, hospital accreditation standards, medical research funding and an outline of the impressive services and resources offered by the National Library of Canada. "Invest" your time and read these enlightening papers.

David Crawford brings us up-to-date on the recent political decisions affecting Britain's health care system, and Zelda Freedman provides an interesting account of her "Seniors Health Information Program".

The word "information" is addressed as a concept by Donna Dryden in her President's message starting on the following page. The editors were particularly keen to read Donna's message as we had previously heard a child's definition of "information" as "airplanes flying side by side"!!

Also, inserted in this issue is a Fact Sheet re the CHA/MIS Guidelines. CHLA/ABSC's Task Force met in September and we look forward to a progress report from them in the next **BMC.**

No matter what size of "town" you are from, original papers, descriptions of new library programs, letters to the editors, and "news and notes" are always appreciated!!!

Linda Wilcox
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Exeter, Ontario

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A WORD FROM THE PRESIDENT

Donna Dryden

Library and Audiovisual Services
Royal Alexandra Hospital
Edmonton, Alberta

"Reality is neither mass nor energy, but is information." (Ed Fredkin)

"Only by understanding information processing at many levels, from cells to organizations to computers, can we understand the meaning of information and the information age." (Kenneth Boulding)[1]

As we read in Bill Maes' "A Word From the President" (**BMC** 10:4, 1989), we have moved from the information explosion through information overload and on to information anxiety.

In **Megatrends**, Naisbett says that for professional and clerical workers, information is no longer peripheral or supplemental to their jobs; it is the job. Alvin Toffler, in **The Third Wave**, points out that an estimated 80% of a manager's time is spent on 150 to 300 information transactions daily. Miriam Drake, in an article in **Special Libraries** (75:4, October 1984), says that information and its distribution are important attributes of a corporate culture and constitute one of the more critical factors in forcing change in such cultures. In an article on personal filing systems in **Library Journal** (112:18, November 1, 1987), Elizabeth Dow refers to an interpretation of Maslow's hierarchy of needs in terms of information required and used within an organization. Survival needs were identified as basic financial and resource data; safety and security needs include information for management support functions; belonging needs constitute information needed for integrating functions for an institution; self-esteem needs include information needed to manage one's personal environment; and self-actualization needs provide for meeting both personal and institutional information systems for best effects.

We know that information is important, is used for different purposes, and is fundamental to the organizations in which we and our patrons work. But what is information? Is it an entity, or is it a process? I must

admit that I don't often stop and theorize about information per se, but I recently had the opportunity to do just that. Marianne Bruce (Fort McMurray Regional Hospital), Jeanette Buckingham (John W. Scott Health Sciences Library, Edmonton) and I presented an Alberta Hospital Association Teleconference entitled "Getting Information to the Health Professional". Part of Marianne's task (in addition to coordinating the teleconference) was to come up with a working definition of "information". This proved to be a more difficult task than anticipated.

The McGraw-Hill Dictionary of Scientific and Technological Terms defines information as: data which has been reported, classified, organized, restated or interpreted within a framework so that meaning emerges. To enhance this succinct statement we were referred to Harlan Cleveland, author of **The Knowledge Executive: Leadership in an Information Society.**[2] He sets forth the following classification: data is defined as undigested observations; information is data organized by others at one level; knowledge is information organized by oneself; and wisdom is knowledge integrated by theory. Cleveland hastens to point out that he interchangeably uses the term "information" to include all four elements, either singly or in combination.

It was useful for me to wrap my brain around some of these concepts. I tend to think of information as an entity which can be packaged in different forms. One of my roles, as Jeanette Buckingham phrased it, is to act as a traffic cop directing the right information in the most appropriate format to the right people to meet their specific needs. However, in terms of the provision of information, the library cannot hope to be all things to all people. We need to recognize that individuals within an organization seek and receive information from many different sources - one of which may be the library.

Within my own institution there are several departments whose primary function is information including Communications (internal and external communication about the hospital, Finance (statistical and financial information), Health Records (patient information), Systems (for manipulation of raw data and information transfer throughout the organization), and the Library (for published information - be it print, audiovisual or electronic). While there may be some overlap, each area has parameters within which it operates to ensure that information is received by those who require it. In the library, we need to be clear about the kinds of information with which we deal, and then use our training, skills and resources to provide the best possible access to it. As information professionals we can help the users of information to determine what they need to know, why they need to know it, how to find out about it, and who can help.

We can neither rest on our laurels of past glories, nor despair over the seeming encroachment of our "territory"; instead we need to be aware of the different kinds and sources of information, within and outside our organizations. And we need to know when and where to refer those requests which are beyond the purview of the library.

REFERENCES

1. Wright, R. **Three scientists and their gods: looking for meaning in an age of information.** New York, Times Books, 1988.

2. Cleveland, H. **The knowledge executive: leadership in an information society.** New York, Dutton, 1985.

UN MOT DE LA PRESIDENTE

Donna Dryden

Services de Bibliothèques et d'audio-visuel
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"La réalité n'est ni masse, ni énergie, mais information." (Ed Fredkin)

"Ce n'est qu'en comprenant le traitement de l'information à plusieurs niveaux, des cellules aux ordinateurs en passant par les organisations, que nous pourrons saisir le sens de l'information et de l'ère de l'information." (Kenneth Boulding)[1]

Comme nous l'avons lu dans le "Mot du président" de Bill Maes (BMC 10:4, 1989), nous sommes passés de l'explosion de l'information à l'inondation par cette information et à l'anxiété qui en découle.

Dans **Megatrends**, Naisbett affirme que l'information, pour les professionnels come pour le personnel de bureau, n'est plus seulement accessoire au travail, elle constitue le travail. Alvin Toffler, dans **La troisième vague**, signale qu'on estime à 80% du temps d'un gestionnaire le temps consacré à des transferts d'information, soit 150 à 300 transactions par jour. Miriam Drake, dans un article paru dans **Special Libraries** (75:4, octobre 1984), dit que l'information et sa diffusion sont d'importants attributs d'une culture collective et constituent l'un des facteurs les plus sérieux de changement au sein d'une telle culture.

Dans un article sur les fichiers personnalisés **Library Journal** (112:18, 1er novembre 1987), Elizabeth Dow propose une interprétation de l'échelle des besoins de Maslow, en fonction de l'information requise et utilisée dans une organisation. Les besoins de base y sont identifiés comme les données essentielles sur les finances et les ressources; les besoins de sécurité incluent l'information nécessaire au soutien de la gestion; les besoins d'appartenance sont constitués par l'information nécessaire à l'intégration des fonctions d'une institution; les besoins d'estime de soi comprennent l'information indispensable à la gestion de l'environnement individuel; enfin, les besoins d'accomplisse-

ment sont reliés tant aux systèmes personnels qu'aux systèmes institutionnels d'information.

Nous connaissons l'importance de l'information, ses différents usages, et son caractère essentiel au sein des organisations qui nous emploient. Mais qu'est-ce que l'information? Une entité, ou un processus? Je dois admettre que je ne m'arrête pas souvent pour songer à ces questions théoriques, mais j'ai eu récemment l'occasion de le faire. Marianne Bruce (Hôpital régional de Fort McMurray), Jeannette Buckingham (John W. Scott Health Sciences Library, Edmonton), et moi-même, présentions une téléconférence, parrainée par l'Alberta Hospital Association, intitulée "Provision d'information au professionnel de la santé". Une partie de la tâche de Marianne (en plus de la coordination de la téléconférence) consistait à produire une définition de l'"information". Cece est plus ardu qu'on pourrait penser.

Le dictionnaire McGraw-Hill des termes scientifiques et techniques définit l'information comme: données pouvant être reportées, classifiées, organisées, réexposées ou interprétées à l'intérieur d'un certain cadre qui leur donne leur sens. Pour mettre en valeur cet énoncé succinct, on nous renvoie à Harlan Cleveland, auteur de **The Knowledge Executive: leadership in an information society.**[2] Il met de l'avant la classification suivante: les données se définissent comme observations encore confuses; l'information consiste en des données organisées par d'autres; la connaissance est de l'information organisée par un individu; et la sagesse est la connaissance intégrée à la théorie. Cleveland se hâte d'ajouter qu'il utilise indifféremment le terme "information" pour désigner les quatre éléments, seuls ou en les combinant.

Il m'a été utile de m'imprégner de certains de ces concepts. J'ai tendance à considérer l'information comme une entité existant sous plusieurs formes. L'un de mes rôles, aisni que l'énonce Jeannette Buckingham, est celui de l'agent de circulation, dirige l'information pertinente, dans le format le plus adéquat, aux bonnes personnes, de façon à combler leurs besoins spécifiques. Toutefois, la bibliothèque comme pourvoyeur d'information, ne peut espérer être tout pour tous. Nous devons admettre que les individus au sein d'une organisation disposent de plusieurs sources d'information dont l'une peut être la bibliothèque.

A l'intérieur de ma propre institution, il existe plusieurs départements dont le rôle primordial est d'informer, soit, les communications (internes et externes, concernant l'hôpital), les finances (informations statistiques et financières), les dossiers médicaux (information sur les patients, les systèmes (manipulation de données brutes et transfert d'information à l'intérieur de l'organisation), et la bibliothèque (dépositaire d'informations publiées, que ce soit sous forme imprimée, audio-visuelle, ou électronique). Bien que certaines informations puissent se chevaucher, chaque domaine possède des paramètres de fonctionnement qui permettent de s'assurer que l'information est bien reçue par les requérants. A la bibliothèque, nous devons établier clairement les types d'informations qui constituent notre domaine, et utiliser notre formation, nos compétences et nos ressources en vue de fournir le meilleur accès possible à ces renseignements.

En tant que professionnels de l'information, nous pouvons aider les utilisateurs à déterminer ce qu'ils ont besoin de savoir, pourquoi ils en ont besoin, comment le repérer, et qui d'autre pourrait les aider.

Nous n'avons le droit ni de nous asseoir sur nos lauriers, ni de nous désoler de l'apparente invasion de notre "territoire"; nous devons plutôt être conscient(e)s des différents types et sources d'information, à l'intérieur comme à l'extérieur de nos organisations. Et nous devons savoir quand et où référer les demandes qui vont au-delà du mandat de la bibliothèque.

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1. Wright, R. **Three scientists and their gods: looking for meaning in an age of information**. New York: Time Books, 1988.

2. Cleveland, H. **The knowledge executive: leadership in an information society**. New York: Dutton, 1985.

CONTINUING EDUCATION

HEALTH SCIENCES LIBRARY EDUCATION IN CANADA: PART II - PROBLEMS AND PROSPECTS

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In **BMC** 10(4) a list of Canadian courses in health sciences librarianship was provided. CHLA/ABSC has periodic enquiries about education for and careers in health sciences librarianship and such a list should be useful in responding to enquiries in the future.

In the process of compiling this list, I became aware of some rather distressing facts about the state of health sciences library education in Canada. Some 24 library education programs in universities and colleges across the country were contacted and responses were received from 13 programs which included 7 university-based programs and 6 community college programs.

Among the university-based programs, 5 of the 7 library schools offer a course in health sciences librarianship, but only 4 stated that the course was offered at least once a calendar year. Furthermore, only one of the health sciences librarianship courses was taught by a full-time faculty member. Although the remaining courses are taught by excellent adjunct faculty (i.e., practising members of the profession who teach on a part-time basis), these adjunct faculty members are usually not in a position to develop and encourage the specialty within the university in the same way as a full-time faculty member. Adjunct faculty do not usually sit on curriculum or long-term planning committees where decisions are made about course offerings and future directions for academic programs. This means that health sciences librarianship is not likely to have a high priority or a high profile in university library education in the future.

Among the community college programs, only Red River Community College in Winnipeg offered a specialized health sciences course approximately every third year. Most of the other colleges reported that a student with a special interest in health sciences could do a paper or practicum in a health sciences library as part of a special libraries course, but that no specific health sciences course was offered. At one time Sheridan College in Oakville, Ontario offered a special health sciences option consisting of two courses, one on the biomedical community and another on health sciences reference, but this was discontinued several years ago.

We are not alone in Canada in experiencing a decline in the number of special-

ized courses in health sciences librarianship and a lack of full-time faculty members with a health sciences specialty. Detlefsen and Galvin (1986) describe a comparable situation in the United States. Although the authors found that 41 out of 44 U.S. library schools offered at least one health sciences librarianship course, they found only 10 full-time faculty members in the entire country who listed medical and health sciences librarianship as a specialty. This is an indication that many health sciences courses in the U.S. are also taught by adjunct faculty members.

As we all know, the field of library and information science is undergoing tremendous changes. Information technology is dramatically affecting the nature of our information tools, our communications media and the skills we need to function as information specialists in a rapidly evolving health care environment. How can we meet the present and future education needs in our field, especially if the number of educational opportunities is in decline?

There are several ways that we, as CHLA members, can work together to preserve and improve educational opportunities in the future.

1. At the national and chapter levels, get to know the faculty members in the university and community-based library education programs nearest you. Tell the faculty members your concerns about the future of health sciences library education. Make your presence as an important and vital part of the library profession known! Lobby for a full-time faculty member with an major interest in health sciences.

2. Many of the library programs indicated that they had practicum programs in which a student could meet at least some academic requirements by doing a project in a special library. Contact the program nearest you and offer to take a practicum student. Even if a student is not available for your project, faculty members take note of who is interested in various specialty areas and use this information in future planning.

3. Become active in continuing education! If opportunities within basic library education programs are limited, then we must rely even more heavily on continuing education for developing our skills and expertise. Find out what the educational needs of health sciences librarians are in your area and plan a speaker, a course or a series. Support your local Chapter activities. Get together and tune into Telemedicine broadcasts. Develop some Telemedicine broadcasts using your own local experts. Invite students from your nearest library program to join your continuing education sessions.

While the future of health sciences library education is far from assured, there are many things that we can do to discourage its demise. I have outlined a few ideas and perhaps you can think of others. If so, please let me know. One of CHLA/ABSC's primary goals is to support the continuing education needs of its members, but we need to expand our educational horizons to basic preparation for health sciences librarianship as well--our future depends on it!

At the national level, CHLA/ABSC is planning a student paper prize to encourage

interest among library science students in the health sciences. We are also encouraging the development of continuing education courses by Canadians. Let us know what more we can do for you and with you to develop educational opportunities for CHLA/ABSC members.

REFERENCE:

Detlefsen EG, Galvin TJ. Education for health sciences/biomedical librarianship: past, present, future. **Bulletin of the Medical Library Association** 1986;74(2):148-53.

LEADERSHIP AND MANAGEMENT OF PEOPLE: MYTHS AND REALITIES - WHAT IS IT ALL ABOUT?*

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There are a number of current myths about management and leadership of people that get managers into a variety of troubles. The demands of the 90's, for managers in large institutions will be enormous. Increasing productivity while at the same time reducing human resources, helping people adjust to rapid technological change and maintaining good morale are but some of the challenges and opportunities. A re-examination of managerial myths seems to be in order.

The first myth is that a good specialist will make a good manager. The pressure of ceilinged salaries of specialists, make the lure of "moving up the management ladder" difficult to resist. Unfortunately, the talents, skills, and knowledge that make a good specialist, such as a medical librarian, do not necessarily equate or transfer to good management talents, abilities and skills.

A crucial decision for specialists and management alike is to squarely face the personal and professional wants, needs, abilities, and limits they and their staff possess. In this way they can make decisions that are fixed in reality and address the requirements of the job at hand.

Feeding into this myth is another, that management and leadership is an art, an inborn talent, which has been "proven" by becoming a recognized specialist. In addition, there is the belief that someone who "gets along well with people", can therefore "figure it out" as they go along. Research and experience proves this to be false.

People add on to this castle of sand, the myth that people can't change. The thinking often sounds like this - if they don't perform well at a certain set of tasks, this is then true for all other tasks and that there is something "wrong" with the person who is impossible to change.

The final myth for our present discussion is that feelings, attitudes and behaviour just "happen" or "take over the person", often rendering the individual a victim of "she/he/they made me do it". Rather than being responsible for their feelings, attitudes, beliefs and behaviour (including skills,

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* *This paper was presented at the 13th annual meeting of the CHLA/ABSC, May 27 - 31, 1989 in Ottawa, Ontario.*

abilities and knowledge) at work, people are victims that need to be rescued from themselves, and when they don't respond positively to our efforts, it is their fault.

It is my experience, both as a manager and as a management consultant, that these belief systems can waste enormous amounts of time, energy and talent, not to mention money!

Each person is ultimately responsible for their well-being - personal, professional, social, and spiritual. The realities on the horizon for the 90's are very clear. People, rather than the institution or discipline, more than ever before will be responsible for their career management, as the plethora of management and specialist jobs comes to an end. Whereas the graduate of the late 60's, early 70's could expect numerous job offers, today's graduate faces a totally different reality. Similarly, those labelled as having "management potential", in the past two decades could expect numerous opportunities to present themselves. The label of "management potential" today, simply puts one on the waiting list with many others. Given these changes, serious thinking on the individual's part is essential to stay in charge of the quality of their professional life.

Research, shows us that skills and knowledge in managing people is essential to good leadership. There is no question that certain innate capacities are helpful, but many a manager and leader has drowned through lack of specific skills and knowledge about people and their needs. Skills acquirement is essential. There are really very few totally unmotivated "bad" employees, there are lots of mismanaged, poorly placed staff. Often staff outside their awareness contribute to the "management of people" problems of managers. Equally important is the contribution that managers and leaders make by not dealing directly, effectively, and authentically with "performance problems" due to lack of skill and erroneous belief systems.

People have different learning and developmental needs that the manager needs to respond to and understand. An employee beginning to learn new tasks has very different needs and therefore, can expect certain facilitative behaviours from the manager. These needs are very different than an employee who has good task mastery. It is the managers responsibility to know how to respond and deal with their staff at various stages in their professional development. These are specific skills, knowledge and abilities that are not usually taught in graduate schools for specialists.

There is now ample research to demonstrate that adults, as well as children, grow and develop and have developmental stages. The needs of one stage, in a 30-year-old employee, are very different from another employee of 50 years of age.

In my view, this growth and development is accelerated both for the individual's and the institution's benefit when the following principles are adhered to:

1. Each person, management and staff alike, is responsible for their feelings, attitudes and behaviour, because each person has a right to choose how they respond to events, whether internal or external. No one, no thing, no event, can "make" you feel or believe or do something.

2. Every person is intelligent, has options, can think for themselves, and ask for what they want. Although there is no guarantee that they will get it, their ability to think, ask and express is theirs alone.

3. Change is possible and the responsibility of the individual, whether manager or staff. Support for change can be asked for and is often helpful, but has a variety of sources.

4. The institution, and/or manager is not responsible for the ultimate well-being of staff just as staff is not responsible for the ultimate well-being of the institution or the manager.

5. Misery is optional. People can take personal, managerial and corporate responsibility. Each has options and responsibilities to themselves and their environment. Each can choose to be in charge of their professional lives and deal with the demands and realities of the 90's in a healthy autonomous, respectable manner.

HOSPITAL LIBRARY STANDARDS: CCHFA'S PERSPECTIVE*

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Ottawa, Ontario

On behalf of the Canadian Council on Health Facilities Accreditation, I would like to thank you for the invitation to participate in the Canadian Health Libraries Association Conference. My purpose this afternoon is two-fold. First, to talk briefly about the mandate of the Canadian Council, and second, to outline for you, the process for setting standards used by Council.

The basis of Council's mission is to assist health care facilities to provide high quality care through a National Accreditation Program. This is accomplished by developing standards particular to the Canadian health care environment and by assessing compliance of these standards, by way of a survey process. Recognition of compliance with standards is accomplished through an accreditation award. There are various awards, depending on the degree of compliance.

Council also sees its role as one of education and consultation both through the accreditation process itself or individually and collectively through education sessions.

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* *This paper was presented at the 13th annual meeting of the CHLA/ABSC, May 27 - 31, 1989 in Ottawa, Ontario.*

More emphasis will be placed on this last point. The Council recently acquired the computer capability to begin to address its research mandate.

In order to develop standards that are realistic and in tune with the field, Council has, on its board, representatives from many of the major players (if you will), in health care:

Canadian Hospital Association - 5 seats

Canadian Medical Association - 4 seats

Canadian Nurses Association - 2 seats

Canadian Long Term Care Association - 1 seat

Royal College of Physicians and Surgeons - 2 seats

How these various organizations chose their national representatives is an internal process.

To summarize thus far -- within Council, two of the major programs are:

Standards - the development, revision and interpretation of the Standards themselves.

Survey & Award - the process by which facilities are surveyed against the standards to determine compliance and to then determine an accreditation award.

As I have mentioned before, there are also other programs such as education and consultation. But, this afternoon, we will focus on the process for developing standards.

The need to develop a new standard or to review an existing standard can come from many sources, but primarily from:

The Field

Council receives letters and/or evaluations from individuals and facilities throughout the country. Along with these, any professional groups or corporate group can make recommendations with respect to standards.

Surveyors

As they travel around the country, surveyors are in a very good position to determine the need for a new standard or to identify the need for review when, for example, facilities are having a difficult time complying with a standard.

Council Staff

Much information is collected by Council staff, either through requests for interpretation or through facilities and surveyor evaluations. For example, for the revision project, all the comments, requests, criticisms, etc. were compiled into a report and are being used as a base document to actually revise the standards.

The Standards Advisory Committee

This is a working committee that reports to the Standards Committee of the Board. Its representatives are made up of various professional health groups, any of whom can identify a need for the development or review of a standard.

Once the need to develop or review a standard has been identified, it will then go before the Standards Committee of the Board, who will decide whether or not to pursue the request.

The criteria used by the Standards Committee to decide on the development of new standards are basic. The standard must:

* be applicable nationally
* fit into existing format
* be generally applicable to all sizes of facilities, if the standard only fits, for example, teaching hospitals and not other types of facilities, then it cannot be applied nationally
* resources required -- if there is a financial impact on facilities, then the request is viewed carefully

If the request for the new standard does not fit into these general criteria, then no further action is taken, other than a follow-up letter to the requesting group or indivi-

dual. If the Standards Committee decides to proceed with the new standard, then there is a whole other process that takes place including technical working groups, formed either by Council or by professional organizations; consultation from the field, and review by the Standards Advisory Committee.

Obviously, we could talk all afternoon about the process, but I would like to move on to the standards revision project -- as I'm sure you will be interested to know how the section of **Health Libraries** will be revised.

As I said before, a request for the revision of a standard can come from many sources. But, from time-to-time, Council will undertake the review and revision of all standards in any given program, that is, Acute Care, Long Term Care, Mental Health and Rehabilitation -- however, prior to 1989, these revisions were done on an "as needed" basis. As part of its long range plan, Council decided to undertake a major review of the existing standards and the documents with a view to addressing the concerns of the field and surveyors alike.

In June 1988, Council secured one-time funding from the Federal/Provincial Advisory Committee on Hospitals and Medical Care to undertake such a review. In January 1989, I was hired to manage the revisions for Acute Care and Rehabilitation. Susan Mills was hired to manage the revisions for Long Term Care and Mental Health. We have a very ambitious goal -- to revise the four standards documents in two years. During that time, you will see a new format for the documents and content changes based on requests from the field. Our intent is to work with the Standards Advisory Committee and to prepare the revised documents that will then be circulated extensively to the field.

One of Council's major objectives for this project is to develop an extensive consultation process with the field so that in the end we have standards that are current and achievable for facilities, and documents that are "user friendly" for surveyors and facilities alike. The consultation process, as I said, is extensive -- once the initial draft for a section of the document is completed, it will be sent out to the following, for review:

* Facilities
* Surveyors
* Professional and National Organizations
* Provincial Hospital Associations
* Federal and Provincial Governments
* Others

Facilities

We randomly selected a group of facilities from each program (Acute, Long Term Care, Mental Health and Rehabilitation), to review <u>all</u> revised sections of the documents. For example, the Nursing Section will be reviewed by the facilities in all four programs.

Surveyors

These are senior nursing, medical and administrative people working in the field who volunteer their time to Council, to act as surveyors. The surveyors themselves select which program and sections they wish to review.

Professional and National Organizations

Various national organizations such as the Canadian Hospital Association, the Canadian Long Term Care Association; and professional organizations such as the Canadian Physiotherapy Association, and the Canadian Health Libraries Association, have been invited to review the sections particular to their field. The Provincial Hospital Associations and the Federal and Provincial Ministers of Health have also been invited. The other category may include expert individuals and groups as needed.

In total, approximately 300 groups or individuals have been invited to review any one section. For example, when the section on Health Libraries comes up for review, we will not only receive comments from your group, but also from surveyors, facilities, hospital associations, health ministers and others.

Let me take you through the process for one of the groups being converted. Before I begin, I am sure you can appreciate that, given the fact we are only four months into the project, these schedules are very tentative.

Group 1 consists of the sections on Pharmacy, Nursing and Pastoral Care. Remember, these sections are found within all four programs, so we will be working on them simultaneously. In April, the project staff converted Pharmacy Services, Nursing Services and Pastoral Care into the new format which we called the "Prototype". We made some initial content changes based on requests from the field. In May, Group 1 went to the Standard Advisory Committee for review. At present, we are incorporating the comments from the Committee into our prototype and in June, we will produce Draft 1 for Group 1 to send out to the field for consultation, which will happen at the end of June to the beginning of August.

In August, we will incorporate the comments from the field and present Draft 2 to the Standards Advisory Committee. Following that meeting, we will incorporate any further comments and finalize Draft 3 for the Standards Committee of the Board in September, who will, in turn offer comments for further changes and approve the draft for field testing. By November 1989, we should be in a position to field test Group 1. During field testing, facilities and surveyors will use the revised sections and will have an opportunity to identify the need for further changes. In December 1989, we will begin to prepare the final draft for Group 1 for approval to publish, following the Board meeting in March 1990. In all, we have eight groups.

Your section on **Health Libraries** falls into Group 5, which is scheduled for the initial conversion to the prototype in August of this year. Remember, this is a tentative schedule.

As you can appreciate, this will be a very intense review of the standards themselves and the documents used by the field. At that time, we will develop an ongoing review process so that such a massive review will not be necessary in future.

I have attempted in a very short period of time, to give you an overview of Council with particular emphasis on the standard setting function and in particular, the revision project. I thank you for your attention.

CURRENT ISSUES IN MEDICAL RESEARCH FUNDING WITH SPECIAL REFERENCE TO THE NATIONAL HEALTH RESEARCH AND DEVELOPMENT PROGRAM*

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I am very pleased to have the opportunity of addressing this particular audience. As someone who was a researcher for many years before becoming an administrator of research funds, I am deeply conscious of the critical part played by library services at all stages of the research process.

I intend to concentrate my remarks today on the **National Health Research and Development Program (NHRDP)**,[1] its operations and its priorities. While it is true that the NHRDP supports a lot of university-based research (about 75% of our funds go to universities), it is neither a "research council" nor is it in competition with any of the granting councils, including the Medical Research Council (MRC). The NHRDP is an integral part of the Department of National Health and Welfare (DNHW). Its primary objective is to support scientific research related to priority national health issues. To distinguish the NHRDP from the MRC, it might be noted that for the MRC, research is an "end in itself" whereas for the NHRDP, it is a "means to an end". In general, the work we support can be described as health services research or public health research, and will relate to issues under direct federal jurisdiction (e.g. food and drug safety, regulation of medical devices, native health, etc.) and to issues pertaining to the delivery of health services and to the promotion of good health, which will also be of concern to provincial health ministries.

Last year, 1988, marked forty years of DNHW support of public health research, initially under the Public Health Research Grant and, since 1975, through its successor, the NHRDP.[2] There is no doubt that the NHRDP was influenced in its early days by the philosophical approach taken in the 1974

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* *This paper was presented at the 13th annual meeting of the CHLA/ABSC, May 27 - 31, 1989 in Ottawa, Ontario.*

discussion paper **A new perspective on the health of Canadians - a working document.**[3] Nevertheless, the NHRDP essentially only operated in a reactive mode during the first five years of its existence; i.e., by reacting to unsolicited proposals submitted spontaneously by the research community.

The program began to adopt a somewhat more proactive stance in 1981, with the adoption of a formal five-year plan which had, as its specific aim, a steadily increasing level of support for research in specified priority areas. Recently there has been a further evolution in the way in which the NHRDP addresses the question of priorities. A number of specific federal health and social policy initiatives in high priority areas have been introduced within the last 2-3 years which include dedicated funding for research through the NHRDP. The NHRDP is therefore currently operating with two sets of priorities: those relating to specific government initiatives, with special dedicated funding; and our broad general priority areas, which have evolved from those established for our 1981 plan.

The new federal policy initiatives for which specific NHRDP research funding has been made available are: AIDS; Child Sexual Abuse and Family Violence; Drug/ Alcohol Abuse (as part of the National Drug Strategy); and Diseases Affecting Seniors' Independence (initial emphasis on Alzheimer's Disease and Osteoporosis).

In addition to the specific priority areas, the following will, as far as we can see at the moment, constitute the NHRDP's general priority areas into the 1990's: Organization and Delivery of Health Care (including community health services and programs); Risk Assessment (physical, chemical, biological, socio-economic, etc.); Health Promotion and Illness Prevention; Habilitation and Rehabilitation; Health of the Native Peoples; Population Immune Status and Communicable Disease Control; and Dissemination of Research Outcomes (with specific reference to Health Services Research).

All NHRDP priority areas are consistent with the aims of the 1986 DNHW discussion paper **Achieving Health For All - A Framework For Health Promotion**[4]. Although research is not specifically mentioned as a strategy in the paper, it is an integral part of all the other strategies proposed in this document.[5]

The NHRDP is therefore presently operating in both proactive and reactive modes. We are continuing to hold the regular NHRDP annual open competitions for research and demonstration projects and for career and training awards, while at the same time, staging a series of special competitions related both to the areas for which dedicated funding has been obtained and to others within our more general priorities where an increased research effort is warranted.

It is possible to divide the various NHRDP sub-programs into two major funding categories: the support of **Research Activities**, and the direct support of **Individual Researchers**.

The support of Research Activities category can be subdivided as follows: **Research Projects and Studies** - Original investigations undertaken on a systematic basis to test specific hypotheses; and the analysis and/or collection and analysis of

data; **Demonstration Projects** - Projects which involve the implementation and evaluation of innovations in the organization and/or delivery of health services. Special emphasis is always placed on the evaluation strategies and methodologies proposed in projects of this nature; **Formulation Funding** - This enables applicants who lack ready access to technical assistance and advice (e.g. statistical and epidemiological consultation, library resources, etc.) to develop innovative ideas into viable research proposals; and **Symposia, Workshops and Conferences** - Contributions can be made towards the cost of health research-oriented national or international meetings organized by Canadian sponsors, held in Canada.

The NHRDP review and selection process involves two discrete assessments, one by departmental and in most cases provincial health officials for relevance to national health issues and one for scientific merit, carried out by a peer review process (written reviews and committee review). Criteria which are examined during the scientific merit review of proposals include:

(a) clear statements of objectives

(b) sound application of scientific methods and instruments

(c) feasible research design(s)

(d) adequate surveys of past work in the area of study, including relevant bibliographies, etc.

(e) satisfactory progress reports (in the case of requests for "continuing" support)

(f) potential ability of the team to carry out the project

(g) reasonableness of the proposed budget

(h) adequate attention to ethical considerations.

In addition to providing support for research projects, the NHRDP recognizes the need to train more health researchers and to enable university faculty members and other health researchers to spend more time on research. The NHRDP supports these activities through its **Training and Career Awards Programs:**

Research Training Support - M.Sc. and Ph.D. Fellowships, to help candidates work towards a Ph.D. or research-based M.Sc. degree in the non-biomedical or non-clinical applied health sciences, in fields closely associated with population based inquiry.

Research Career Support - For the individual who has completed all formal research training, but who wishes to get some supervised "on-the-job" research experience, we offer the Postdoctoral Fellowship program. For more senior personnel, we have two categories of award: the National Health Research Scholar Award and the National Health Scientist Award, generally for individuals with Associate or Full Professor (or equivalent) status respectively.

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NEW ORIENTATIONS FOR THE NATIONAL LIBRARY OF CANADA*

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From the beginning, the Canadian Health Libraries Association has actively promoted improved access to information for the Canadian health sciences community. It is now a leader among Canadian library organizations in providing continuing education for its members. CHLA has identified the training and education needs of health science librarians, fostered the production of educational materials, and strengthened ties with associations that offer relevant learning opportunities.

I am happy to have this opportunity to describe recent developments at the National Library. CHLA librarians, who work in a scientific field, may be more aware of the services provided by CISTI than those offered by the National Library, as our reference and information services deal principally with Canadian Studies, the social sciences, and humanities. I shall mention the services that the National Library provides to the Canadian library and information community, its orientations for the next decade, and some of the developments that have led up to these projections.

Original Role of the National Library

The National Library of Canada was created by an Act of Parliament in 1953 as an agency of the federal government, to ensure that the published heritage of the nation would be gathered and preserved. Its purpose and role are similar to those of other national libraries: to ensure that the publications of the nation are collected, catalogued and available for use, and to support the provision of library services throughout the country.

The National Library's principal period of growth was the decade between 1969 and 1979. The number of staff members more than doubled, and the budget increased tenfold. In 1978-79, there was a comprehensive review of the Library's activities and plans. The review results were published in a document entitled **The Future of the National Library of Canada**. The Library adopted a strategy for developing a decentralized Canadian library network, and initiated a five-year plan under which the National Library hoped to fulfill its role within the proposed network.

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Environment of Restraint

In the mid-1980's, the Library entered a period of considerable economic restraint. The federal government, and therefore the National Library, undertook a series of reductions that is projected to continue at least into the 1990's. The Library's budget has been virtually frozen, and we expect to see our staff number reduced by nearly 50 person-years, i.e. by 1990 we expect that our staffing levels will be the same as they were in 1979. Yet, while human and other resources are being reduced, the price of materials and equipment is rising, and the demands for existing and new services growing.

As a result of these deliberate reductions, we have been forced to reassess our goals and objectives and bring them into a sharper focus that accords with the new economic reality. This process of reassessment is not necessarily a bad thing. Indeed, we should, both in times of restriction and in times of plenty, take time to chart our progress and define clearly our goals and priorities.

Critical factors to managing in times of restraint are: planning; staff involvement in the planning process; use of new technology; and environmental assessment (knowing what's happening both outside and inside the organization).

At approximately the same time as the effects of restraint and reduction were becoming apparent, the Library was also aware that, although substantial progress had been made in laying the groundwork for the library network proposed in 1979, other major areas needed development. Therefore, three years ago, the Library began a process of self-examination known as "organizational renewal". There was an in-depth review of the Library's program objectives, the goal being to establish a "planning framework" that would provide a clear sense of direction and focus for all the Library's activities for the next five to ten years.

The organizational renewal process involved National Library personnel from many levels. These staff members worked in groups on various aspects of the Library's program. In May 1988 a document, "Orientations: A Planning Framework for the 1990s", was issued. It provided an overview of the groups' findings and their recommendations for future action.

The study groups identified the three principal roles performed by the National Library in order to fulfill its legislated mandate. The roles are: to gather, preserve and publicize the published heritage of Canada; to promote the development of library service in the country; and to support resource sharing among Canadian libraries.

"Orientations" is based, therefore, upon these three areas: heritage, resource sharing, and library development.

The Heritage Role

One of the Library's primary roles is to acquire, preserve, and exercise bibliographic control over Canada's published heritage.

Throughout its 36-year history, the Library has acquired materials through legal deposit, gifts and exchanges, and purchases. Legal deposit is the Library's principal source for obtaining current Canadiana. ("Canadiana" is defined as works published

in Canada, written by Canadians here or abroad, or dealing with Canadian subjects.) The Library's Canadiana collection has also been built through gifts (many of them providing the core of the collection), active exchange programs, and purchases of retrospective Canadiana and various materials relevant to the Canadian heritage. Other services that are part of our heritage role include the Cataloguing in Publication Programme (CIP), the ISBN and ISSN programs, the Canadian Theses Service, and the Canadian Book Exchange Centre.

The initiatives proposed in "Orientations" include: expanding acquisitions activities; broadening the bibliographic control program by expanding the scope of CIP; realigning cataloguing priorities, giving different levels of treatment to different types of material; doing a retrospective conversion of the information on the Library's holdings; preserving the Library's collection through improved handling and storage methods and appropriate conservation measures.

In July 1988, a group of staff members was appointed to develop a new collections management policy for the National Library, based on the Library's "Orientations" objectives, with a two-year time frame. The first phase report was submitted in the spring of 1989. The executive summary of the Collections Management Policy Team's report states: "The National Library's collection is fundamental to the achievement of its mission, and the core of the collection must be the best collection of published Canadiana in the world."

The purpose of the new policy will be to permit the Library to progress towards achieving its collection goal. The policy will deal with the acquisition, preservation and bibliographic control of collection material, and consider the services and promotional activities associated with this material. The policy will also define organizational roles and responsibilities associated with the various aspects of collection management.

There have been other developments in the Library's acquisitions program. For example, in January 1988 microforms became subject to legal deposit regulations. Since then, publishers have been depositing one or two copies of microform publications, depending on cost, with the Library. As well, two important recent acquisitions for the Literary Manuscripts Collection (which includes papers from Canadian writers, illustrators and small presses) are the correspondence and family papers of Susanna Moodie, and manuscripts, galleys and illustrations by James Houston.

The second aspect of the Library's heritage role is preservation. Over the past decade, librarians everywhere have been discussing ways to halt the rapid deterioration of their collections. Mass-production methods of paper manufacture developed in the nineteenth century used techniques that produced a highly acidic product. It was discovered that wood could be used for papermaking, and, to speed production, it was simply ground up instead of being broken down chemically, leaving many acidic impurities in the paper. Also, a new sizing agent was introduced, and this, too, was acidic. Because so much of the Canadian heritage was published during the mid-nineteenth century and later, much of it is subject to extreme deterioration.

Consequently, the National Library now has many volumes that require treatment. The preservation problem is compounded by insufficient space and unstable environmental conditions. The Library appointed Jan Michaels as Preservation Coordinator in September 1988, and for the summer of 1989 five students were hired to do a condition survey of the Library's printed collection of books, periodicals, official publications, newspapers, and children's literature. Their findings will assist the Library in its plans for preservation treatment. As well, the National Library has sponsored in-house talks on preservation for its employees so as to make them more aware of the problem, and a revised edition of the booklet **Guidelines for Preventive Conservation** was prepared by a Library staff member and published by the Council of Federal Libraries. And, during 1987-88, almost 20,000 books were treated in the Library's Wei T'o Nonaqueous Book Deacidification System, a mass deacidification process that the Library has been using for some years now.

Librarians will be pleased to know that deterioration problems relating to acidic paper are now being addressed at source. This year, the Library has been working with a small group within the federal government to investigate the production of alkaline paper. Alkaline paper use is now gaining ground for economic and cultural reasons. Springer-Verlag and Elsevier Science have been producing all their publications on alkaline paper for the past few years. In the United States, 35 percent of the paper produced is alkaline. In Finland, the figure is close to 100 percent. North American university presses now publish on alkaline paper whenever they can obtain it.

To remain competitive, Canadian papermakers and publishers will have to change production methods. McClelland and Stewart have begun to publish on alkaline paper, and the Queen's Printer is investigating the possibility of converting to alkaline paper publishing. It is quite possible that by the end of this century, acid paper production will have become a thing of the past.

Finally, the establishment of the National Library's Preservation Collection of Canadiana on January 1, 1988, resulted from a recommendation that the Library purchase systematically a second copy of every Canadian work. The "service" copy can be consulted and lent, while the "preservation" copy is only available for use under special conditions.

As well as gathering and preserving the nation's published heritage, the National Library publicizes its Canadiana collection. Bibliographic information on more and more of the Library's collection has been entered in DOBIS, the shared bibliographic system which now contains more than five million records. Over the past year, there has been a concerted effort to input records for federal government documents, particularly pre-1950 monographs.

There were other achievements in 1988/89. For example, labels for some 22,000 45 r.p.m. sound recordings were filmed and indexed. Finding aids for the literary manuscript collections of George Bowering and Elizabeth Smart were created, and a major project to index the papers of Gabrielle Roy is being completed.

Public exhibitions are an important means of promoting Canada's literary and

musical heritage. Both specialists and visitors from the general public came in large numbers to see the Library's major exhibitions during 1988 and 1989:

* Over 12,000 visitors had viewed Glenn Gould 1988 when it closed September 1988. The exhibit is now being modified for travel across the country during the next two years.

* "The Secret Self: An Exploration of Canadian Children's Literature", opened in October 1988 and closed on April 23, 1989. It was attended by adults and children of all ages.

* "Tribute to Gabrielle Roy", whose papers are owned by the Library, opened in November 1988 to commemorate the fifth anniversary of her death. The opening coincided with a symposium, "Gabrielle Roy, Ecrivain", organized by Professor Ricard of McGill University.

* "Images of Flora and Fauna", based on botanical and other books and prints from the Library's Rare Book collection, opened in May 1989.

The National Library's publications are another means of promoting the Canadiana published heritage. In addition to its ongoing publications, such as the national bibliography **Canadiana**, in 1988-89 the Library co-published **Upper Canadian Imprints, 1801-1841: A Bibliography** by Patricia Lockhart Fleming of the School of Library and Information Studies, University of Toronto. This year the Library also published a three-volume work entitled **Canadian Directories 1790-1987: A Bibliography and Place-Name Index**. Through extensive cross-indexing, it provides access to the large collections of directories at the National Library and the National Archives, and thus is a valuable tool for locating primary research sources.

"BiblioDisc", the Library's first venture into CD-ROM publishing, was undertaken during 1988 as a joint effort of the Library, the Book and Periodical Development Council, and the Canadian Telebook Agency. And this year has also seen the extension of the Cataloguing in Publication Programme to cover more federal government publications, through an agreement between the Department of Supply and Services and the National Library.

The Resource Sharing Role

The National Library's Canadian Union Catalogue and location service have been cornerstones of the Library's resource sharing role throughout its history. In "Orientations", the Library expressed its commitment to improving current tools through the use of relevant technological developments, and reviewing the criteria for reporting to the Union Catalogue. Cataloguing information is still being reported on cards, lists, tapes, and various other formats.

With a mandate to develop a resource sharing strategy for the National Library, the Resource Sharing Strategy Team was established in May 1989. Its task is to provide specific, integrated strategies, priorities, and guidelines for resource sharing in Canada. The team will look at the Library's direct interlibrary loan activities, its current facilitation services, and its research and development functions. The Library is also considering a gradual evolution from its

historic emphasis on providing direct resource sharing services, to a role that emphasizes facilitation services so as to foster use of local and regional resources before borrowing from the National Library or from libraries in other parts of the country.

To involve the Canadian library community in discussions regarding the National Library's role in the nation's information activities, a series of meetings was held in all regions of the country between 1986 and 1988, culminating in a one-day colloquium in Montreal on October 26, 1988. Reports of the meetings and a summary are available free from the Library's Publications and Marketing Services. These are being incorporated into a final report that will be published later in the year.

The **Union List of Canadian Newspapers** is now available online and on microfiche. It was compiled on DOBIS from provincial lists, including Gloria Strathern's **Alberta Newspapers, 1880-1982: An Historical Directory.**

The National Plan for Collections Inventories is a program to identify library resources in all types of libraries throughout the country. The Conspectus methodology is being used to evaluate collection strengths in Canadian libraries across the country. As this information becomes available, it is being added to a database accessible through the Conspectus Search Service. The second area of activity is the creation of a directory of special collections of research value. The directory is scheduled for publication in the near future.

Resource sharing through interlending is another activity of rapid development. In 1987, the National Library implemented a new automated interlibrary loan system, PEB/ILL. All ILL requests received by the National Library are now processed on the PEB/ILL system, allowing for improved control and tracking, and the elimination of cumbersome manual files. Improvements to the system include plans such as creating the capability of automatically searching ILL requests on DOBIS and preparing a response without human intervention.

The PEB/ILL system uses a standard set of messages called protocols for ILL communications between libraries. It is the first automated ILL system that incorporates the Open Systems Interconnection (OSI) interlibrary loan protocol developed by the National Library. This ILL protocol is now in the process of being adopted as an international standard for ILL messaging. To encourage the implementation and use of the ILL protocol, the National Library launched its ILL Protocol Implementation Program in 1987. The National Library has contracted with six companies and one university library to develop protocol-based interlibrary loan software for use with various types of computers.

Other recent resource sharing initiatives include: the Library's development of the ILL Generic Script to assist libraries in the online preparation of ILL messages on ENVOY100; the establishment of a Document Delivery Working Group to develop an action plan for a nationally integrated document delivery service; and the implementation of a telefacsimile service for document delivery of rush requests. And, as part of its plan to "make known" its resour-

ces, the Library is now offering limited free access to the DOBIS Service and Conspectus Search Service to Canadian faculties of library and information science.

The Library Development Role

"Orientations" recommended that the National Library expand its role in library development. The goal is to provide more effective support to Canadian libraries in their attempts to develop new resources and services.

One means of achieving this goal is to consolidate the services that the Library already provides. One possibility is to incorporate the Library Documentation Centre with the Library Service for Disabled Persons and the Federal Libraries Liaison Office. Another is to develop, assess, and use new technologies, thus expanding the Library's role as advisor on information technology. A third is to use advanced communications technologies to facilitate resource sharing and information provision.

The National Library's work on library development in 1989 included projects carried out by participants in the Fellows Program, through which library professionals from other libraries in Canada and abroad are appointed to work on specific activities at the National Library. This year, Madge MacGown, Education Coordinator at the Hebert T. Coutts Education Library, University of Alberta, spent eight months at the National Library examining the patterns of interlibrary loan and on-site use of the Library's foreign and Canadian materials. Her report will contribute significantly to the development of the Library's basic policies for resource sharing.

Finally, the National Library hosts the International Programme for UDT (Universal Dataflow and Telecommunications) of the International Federation of Library Associations and Institutions (IFLA). The program tracks international developments and activities related to transborder dataflow affecting libraries, and the information thus gathered can be used to facilitate Canadian library development.

Conclusion

As we are all aware, budgetary restraints are forcing all libraries to evaluate their services. I am confident that, given today's economic climate, resource sharing is the only route we can take, and I believe that a greater willingness to cooperate among libraries, using appropriate technological support, will make it possible for the 1990's to be the decade of improved library service and unprecedented vitality. Consequently, in spite of the difficulties we face, I am looking forward to the coming decade with considerable optimism.

THE NATIONAL HEALTH SERVICE IN THE UNITED KINGDOM: UNDER ATTACK OR UNDER RECONSTRUCTION?

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Montreal, Quebec

On January 31, 1989 the British Government published a White Paper on the National Health Service entitled **Working for patients**. It is a thin document but it and its eight additional working papers have created a storm in the United Kingdom as they recommend a radical overhaul of the NHS. These proposals have come as Margaret Thatcher celebrates ten years in power and are seen by many as a continuation of her policies of shaking up the various British institutions. Early in her tenure, the government rewrote much of British trade union and company law, restructured welfare services, tightened and changed university funding and tenure systems. Now it seems to be the turn of law and medicine. Lawyers are fighting a rear-guard action to retain some of their, what are described by supporters of the changes, restrictive practices. Health care workers are to be made more responsive to market forces by allowing family doctors to have "practice budgets" and hospitals can become "self-governing" - all in the name of the rather catchy theme **"Working for patients"**.

The basic aim of the changes is to improve the management of the NHS, and at the same time give patients and family doctors (General Practitioners - G.P.s) a greater choice of where to purchase medical care. "The G.P. - acting on behalf of patients - is the gatekeeper of the NHS as a whole". At the moment, a patient needing, for example, a hip replacement is sent by his family physician to the hospital which best meets the patient's and the doctor's preferences, habits, and personal connections. At the moment, the cost of the operation in the possible hospitals is neither known nor worried about by either patients or doctors (and the information systems in most hospitals are really not developed enough to provide the information anyway). If the proposals are implemented, G.P. practices, which decide to become "budget holders", can purchase care for their patients from whichever hospital they chose but must live within their budgets. For practices which do not wish to become "budget holders", the decisions about where to buy hospital services will be made by the Regional Health Authority who will place block contracts with whichever hospitals they decide are cheapest.

These changes, if they happen, will be implemented over the dead bodies of most of the medical profession. The Royal College of General Practitioners in its Summary

Statement on **Working for patients** of April 15, 1989 has boldly on its cover the following statement: "The College rejects the White Paper: **Working for patients**, on the grounds that, if implemented as proposed, it will seriously damage patient care and the doctor/patient relationship". The British Medical Association in its **Special report on the White Paper**, also issued in April, 1989, is equally opposed. While agreeing that the needs of patients must be paramount and that patient choice must be increased, the "Association does not believe that the changes proposed in the White Paper would achieve these aims". Public opinion also seems to be generally opposed to the changes but public opinion is a volatile thing and the government is engaged in a massive "hearts and minds" campaign. The record of the Thatcher government in pushing through unpopular policies is impressive (no matter whether one approves of them or not). Mrs. Thatcher is fond of the saying "this lady's not for turning". Will the health care lobby be more successful than her previous adversaries? The situation, by August 1989, seems to be that the government is losing the battle with the medical profession and Gallop polls show sizeable majorities of voters convinced that the proposals will "destroy the NHS" but there seems to be no weakening of resolve to proceed and the arguments can be expected to continue.

Though there are a number of proposals in the White Paper, ranging from medical audit to tax relief on private health insurance premiums, the two most far reaching are:

Self-governing hospitals - At present, all NHS hospitals are controlled by Regional or Special Health Authorities. The proposals would allow larger hospitals to become self-governing (while remaining in the NHS), and be run by boards of executive and non-executive directors. Their income would come from contracts with District Health Authorities, budget holding general practitioners and other self-governing hospitals. It is intended that a substantial number of self-governing hospitals will be established by April, 1991.

General practitioner practice budgets - At the moment, general practitioners receive a set fee for each patient registered with them. At present, these capitation fees make up about 46% of a doctor's salary. It is proposed that this be increased to 60% and additional funds would be given to practitioners who inoculated certain percentages of patients on their lists or carried out routine screening for such things as cervical cancer. In addition, larger group practices of 11,000 or more, will be able to apply for a practice budget. These budgets can be spent by the doctors on buying patient care from the cheapest or fastest source. The government hopes that hospitals will be encouraged to provide cheaper and faster service and thus attract more clients. Opponents fear that the tendency will be to go for the cheapest rather than the best care, and that chronically ill patients may find it difficult to find a doctor at all. (It appears that there will be higher funding for practices with many older patients but it is not yet clear if this extra funding will fully cover the higher costs of supporting older and/or chronically ill patients.)

Health Authorities, and other para-governmental bodies, have for a number of years now been encouraged to issue tenders for such services as cleaning and laundry.

These are awarded to the lowest bidder, who may be a private contractor or may be the Authority's own cleaning or laundry service. (If it is a private contractor who wins the contract, the Authority's own staff is declared redundant.) This White Paper proposes that this idea spreads to all services. It would be possible for a District Health Authority to run no hospitals at all and for it to act only as the purchaser of services from others. They will be expected to place contracts where they can get the best value for money, whether from their own hospitals, local self-governing hospitals, private hospitals or the hospitals in other districts. All in all, quite a change and one which will alter the present employment contracts of many NHS staff. At present, salaries are agreed nationally and are the same in all parts of the U.K. (with a small adjustment for those in London). This will change as self-governing hospitals will be allowed to sign their own contracts; senior staff or professions in high demand may be able to negotiate higher salaries; other staff will be cut adrift from the safety net of national salary agreements and, opponents say, national standards.

Some of the proposals sound familiar to Canadians. One is to increase the revenue generated by hospitals by getting managers to think in a more business-like manner. Addenbrooke's Hospital in Cambridge is the first hospital in the U.K. to be constructed with purpose-built shopping facilities. The shops are now managed by the same people who manage shops at British airports and bring in over $200,000 per year to the hospital. The NHS has around a million employees (making it the largest civilian employer in Europe) and these employees, patients and visitors are seen as a largely untapped market. Other hospitals and Regional Health Authorities are looking at profit-making car parks, day care centres, and the publishing of community newspapers with a health slant and lots of advertising. Revenue generation in Canadian hospitals is far in advance of that presently available in the U.K. and 15% of the larger Canadian hospitals earned a total of more than ten million dollars in 1985.

What does it mean for libraries?

As has quite often been seen in North America, hospital libraries are not seen as absolutely crucial to the survival of the hospital and, though their costs are easily counted, their benefits are not so easy to quantify. Though the provision of library service to NHS staff is not organized in a standard manner within the U.K., six out of the fourteen English Regional Health Authorities have appointed regional medical librarians. These librarians operate in different ways but in general they act as "library consultants" to hospitals in their regions, encourage and support the production of union lists, and organize training programs. Many are based in large hospitals of the kind which the White Paper expects to become self-governing. Will a self-governing hospital be prepared to spend money on maintaining its status as a regional resource library? Will a Regional Health Authority be prepared to continue supporting libraries in their regions through Regional Health Librarians? As we know very well in Canada, the costs of acting as regional resource libraries are high. Many resource library services are provided free or at highly subsidized rates. To be aware of costs is good and not too difficult; to be aware of

the concomitant benefits is much more complex.

Health care in the United Kingdom is under review and the government's present aim is to have the changes implemented by 1991. Our own Medicare system is often compared to the NHS. The impact of these changes and the arguments used on both sides are worth following. Health care libraries are an integral part of the larger health care system, and these changes will affect health libraries in Britain.

REFERENCES

1. Secretaries of State for Health; Wales, Northern Ireland and Scotland. **Working for patients** (Cmnd 555). London, H.M.S.O., 1989.

2. **Working Papers**:

(1) Self-governing hospitals
(2) Funding and contracts for hospital services
(3) Practice budgets for general medical practitioners
(4) Indicative prescribing budgets for general medical practitioners
(5) Capital charges
(6) Medical audit
(7) NHS consultants: appointments, contracts and distinction awards
(8) Implications for family practitioner committees

All eight Working Papers can be purchased separately from H.M.S.O. and are available as a "package for £8.

3. British Medical Association. **Special report of the council of the British Medical Association on the government's White Paper: Working for patients**. April, 1989. (Report SRM2 1989)

4. Royal College of General Practitioners. **Summary statement on Working for patients**. April, 1989.

5. **Financial Times**. Supplement on Health Care. April 11, 1989.

6. **Journal of the Royal College of General Practitioners**. Editorial. 1989;39:87-90.

7. **British Medical Journal**. A series of articles commenting on the White Paper was published in the issues of 18 February 1989 - 29 April, 1989. They have re-published under the title **The NHS review - What it means**. (London, British Medical Journal, 1989. Price £4.50).

8. **Economist**. Feb. 4, Feb. 25, Apr. 15, May 27, July 8, 1989.

9. **Health Services Journal**. 1989 March 2: 254-257. (An excellent summary of each of the eight Working Papers.)

SETTING UP A SENIORS HEALTH INFORMATION PROGRAM (S.H.I.P.): A PILOT PROJECT

Zelda Freedman

Multidisciplinary Library
Elisabeth Bruyère Health Centre
Ottawa, Ontario

A revolution in health care is presently occurring. First of all, Seniors are now concerned about cost, accessibility and quality of care. The traditional medical system lacks some continuity and is over specialized and dehumanized. A second factor is the sky rocketing health costs. There seems to be too much dependency on technology; too many drugs used; and too little communication.

A third factor is the availability of an increasing amount of epidemiologic data on risk factors. These include the diseases of lifestyle (i.e. chronic disorders, osteoporosis, diabetes, most arthritis, cardiovascular diseases, allergies, ulcers, and some forms of cancer, depression, falls, and alcohol and drug abuse). The fourth factor is the broad dissemination of health information in the media which confirms the trend toward health promotion. Lastly, the rise of the wellness and medical self-care movements; the taking charge of one's own health results in a less timid and more questioning Senior consumer.

In establishing the Seniors Health Information Program (S.H.I.P.), we as Health Sciences Librarians, have a responsibility to do something about lifestyle problems, and make a marked difference.

The major focus of S.H.I.P. at the Elisabeth Bruyère Health Centre aims:

* to encourage Seniors to care for their own health.

* to help Seniors to treat at home those minor complaints for which a doctor's advice and treatment are not really necessary.

* to provide information which supplements and supports the advice and information which is given by health care practitioners.

* to enable Seniors to make informed decisions about health matters.

* to provide information to Seniors facing long-term illness or disability for whom self-treatment and self-care are appropriate.

* to provide consumer drug information and consultation (info-medication) through the services of the Pharmacy Department.

* to put people in touch with appropriate self-help groups for practical support and information.

* to provide support facilities available from the voluntary sector, who are also major providers of written information for Seniors.

Consumer Health Information Services

The benefits of providing health information to Seniors are:

-to increase satisfaction with their own health care

-to reduce stress and depression

-to aid recovery from illnesses or operations

-to increase compliance with medications and with treatment

-to increase knowledge of the importance of nutrition and exercise

-to provide self-care and support of nursing one's relatives

-to provide printed, audio-visual or video information which helps Seniors recall details of diagnosis, general advice, treatment and prognosis[6]

Causes of Health Information Needs

It has perplexed me for some time as to the number of reasons why there should be such a high demand for information. Research indicates that there are many reasons and the issue is somewhat complicated.

It is not simply that health care staff fail to provide Seniors with information they require. It is estimated that there is a large number of people who self treat their conditions. Seniors simply feel that their problem is too trivial to bother a doctor or health care worker.

However, the problem is not simply a doctor failing to provide information to his/her patient. It is clear that patients often complain of lack of information, when that information has, in fact, been given to them. Surveys have shown that patients in general forget at least 50% of what they have been told even with conscious repetition in the simplest of language.[2] In many cases they will deny having received the information at all.[6]

There is also evidence that, while Seniors may recall up to half of what they are told, this is an overestimate of what they have understood. Certainly, the lack of comprehension must be one of the chief reasons why patients both fail to remember what the doctor told them, or are dissatisfied with the information they have been given. It is also clear that patients do not understand a large proportion of the jargon that medical staff take for granted.

It is not just the detail that people forget, they will often fail to recall that they were ever told at all. There is a realization that a great deal of the information provided by doctors/nurses is forgotten because the patient information was primarily offered at a time when they were least capable of taking it in. When information is given, it is frequently done in response to questions, yet

patients believe that the health care staff are too busy for them to be bothered. Patients express anxiety in areas of self-care, or nursing relatives, and feel vulnerable as they try to cope alone.

Considerations for the Acquisition of Consumer Health Information Materials

a) Is the work reliable?

b) Is it documented and referenced in case of further questions?

c) Is the author and/or sponsoring body well-known and reputable?

d) Is the language clear?

e) Is the work dated?

f) Does the work require interpretation?

Legal and Ethical Considerations in Providing Health Information

-avoid any claim or implication of the possession of medical skills, training, or knowledge.

-offer information for reference only, and in response to a specific request. Respond to descriptions of medical symptoms with caution.

-do not attempt to evaluate the medical information provided, or its appropriateness to any individual condition or ailment.

-refer complicated issues back to the health care provider.

Health Promotion by the Year 2000 for Seniors

Robert Gann, Information Officer at "Help for Health" in Wessex, England, who organized the first Health Promotion Library in England in 1981, comments that:

"As we approach the year 2000, there is a growing recognition that, following eras of advances in public health and medical science, the key to further real improvements in health is the involvement of the informed individual in his/her own well-being... There has been a realization that medical science and technology have come to a point where further improvements in health care can only come about by people becoming active and informed partners in health protection and promotion."

The day is not far off when the provision of health information services is regarded as an integral part of health care - like innoculation and the use of x-rays.[2]

Soon one can foresee a "SHIPMOBILE" travelling to the Seniors neighbourhoods to deliver health information to the Seniors. The greatest rewards of the staff at the Seniors Health Information Program come from Seniors who seek help and express their profound appreciation when they discover free access to health literature and answers to their questions.

In 1859, Florence Nightingale said "Health is not only to be well, but to be able to use well every power we have". It is with this motto that our Seniors Health Information Program (S.H.I.P.) at Elisabeth Bruyère Health Centre, Ottawa, operates.

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1. Ellis DA. Doctors' orders: controlled trial of supplementary written information for patients. **BMJ** 1979;2:456.

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3. Greene MG. **Understanding the physician-geriatric patient relationship: implications for medical training and practice.** Presentation at the Association for Gerontology in Higher Education Annual Meeting, March 3, 1989, Tampa, Florida.

4. Kempson E. **Informing health consumers: a review of consumer health information needs and services**. Great Britain: Devon, 1984.

5. Kernaghan S. **Working with physicians in health promotion: a key to successful programs.** Chicago, American Hospital Association, 1983.

6. Lindner K. The evolution of a hospital library patient education literature program. **Patient Education and Counseling** 1986;8:73-80.

7. McNeely EA. **Computer assisted instruction: a health education strategy for the older adult.** Atlanta, Emory University School of Nursing, 1989.

8. Rees AM. **Developing consumer health information services.** New York, Bowker, 1982.

NEWS AND NOTES

PEOPLE ON THE MOVE

THERESA PRIOR, currently librarian at the Prince George Regional Hospital in Prince George, B.C., will be leaving that position in October to become Health Sciences Librarian at Royal Inland Hospital in Kamloops, B.C.

HELEN MICHAEL, is the new Director of Library Services at Queen Elizabeth Hospital in Toronto. She is a former employee of the Health Sciences Library at Memorial University in St. John's, Newfoundland.

LYNDA BAKER, former Head of Reference, has left McMaster in order to return to her studies. She began course work on her Ph.D in Library and Information Science at the University of Western Ontario in September, 1989.

NEERA BHATNAGAR, a recent graduate of the School of Library and Information Studies at Dalhousie University, joined the Reference staff of the McMaster University Health Sciences Library at the end of May, 1989. In addition to the M.L.S. degree, Neera has a B.Sc. in Biology from Dalhousie and has worked as a library school student at the W.K. Kellogg Health Sciences Library at Dalhousie and in the library of the Victoria General Hospital in Halifax.

INA MAE CHAN, a recent graduate of the School of Library, Archival and Information Studies at the University of British Columbia, joined the Reference staff of the McMaster University Health Sciences Library late in July, 1989. In addition to the M.L.S. degree, Ina Mae has an Honours B.Sc. in Zoology from the University of Calgary and has worked during the summer of 1988 in the Health Sciences Resource Centre at CISTI.

JANE COONEY, Executive Director of the Canadian Library Association for the past three years will be leaving the Association in October to open a business bookstore in Toronto's financial district.

GLENDA WEST, has been appointed Manager, Health Sciences Library at Toronto East General Hospital. She formerly held the position of Reference Librarian at Sunnybrook Medical Centre, Toronto, Ontario.

JAN GREENWOOD has changed titles within the Ontario Medical Association and is now also responsible for the Association's records management. Her new title is Manager of Corporate Records and Library Services.

Jan has also recently been appointed the Section Council Alternate for MLA's new Section on International Cooperation. The purpose of this Section is:

> "To provide opportunities for participation in international cooperation projects; to promote awareness of international issues; to provide a mechanism to address and respond to the needs of international members; to foster communication in the international library area".

MLA members wishing to join this section pay $5.00 dues annually. The Section Chair is Janet S. Fisher, Quillen-Dishner College of Medicine Library, East Tennessee State University, Box 23, 290A, Johnson City, TN 37614-0002.

NEW PUBLICATIONS

Medical Library Association. **The 1989 Salary Survey**. Chicago, MLA, 1989.

The Medical Library Association announces the publication of the third in its series of triennial salary surveys. This reference provides the most current salary information available and is based on data gathered from over 2,000 health information professionals both in Canada and the United States. (Canadian data is converted into U.S. dollar amounts.)

The introduction is co-authored by Dorothy A. Spencer, Ph.D., and Ric Brown, Ed.D., both of the California School of Professional Psychology, and particular attention is given to pay equity patterns.

Copies of the **1989 Salary Survey** are available for $21.00 for MLA members and $27.00 for nonmembers. To order or for more information, contact the Medical Library Association, Suite 300, Six N. Michigan Avenue, Chicago, IL 60602.

Manitoba Health Libraries Association. **Union List of Selected Serials - 1989 Edition.**

The revised (1989) edition of the **MHLA Union List of Selected Serials** is now available for purchase at a cost of $20.00. Copies may be ordered from:

Manitoba Health Libraries Association
Serials Committee
Attention: Bev Brown
Medical Library
University of Manitoba
770 Bannatyne Avenue
Winnipeg, Manitoba
R3E 0W3

Telephone: (204) 788-6345
ENVOY: ILL:MWM

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Proceedings: International Symposium on Medical Informatics and Education. May 1989

The 660-page Proceedings of this May 1989 International Symposium are now available. There is both an individual price at $60.00 per copy and an institutional price of $100.00 per copy.

Please send a cheque or money order payable to "University of Victoria" at the following address:

School of Health Information Science
University of Victoria
P.O. Box 1700
Victoria, B.C.
V8W 2Y2

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

Student Code Programme for MEDLARS

Effective September 1, 1989, NLM's special rate student code programme for MEDLARS will be available to Canadian educational institutions. The programme is designed to encourage more students (including interns and residents) to search the MEDLARS databases.

Any institution with a teaching role may request from HSRC special codes for students enrolled in their programmes. Hospitals providing residency training may also apply. An institution will receive the monthly bills for charges on these codes. CISTI requires that the institutions provide HSRC with a list of individuals who will use each code.

Under the new programme, student usage will be billed at reduced rates. The reduced charges apply to online connect time, search statement, computer resource and online character transmission. Pages printed offline, royalty charges, telecommunication charges, and online citations will be billed at the full rate. For complete cost information and contract terms, please contact HSRC for a copy of the MEDLARS Rate Schedule and the Canadian MEDLARS Order Form for student codes.

Canadian Locations of Journals Indexed in MEDLINE

The 18th edition of Canadian Locations is now available for purchase at $40.00 a copy. Orders must be prepaid except where payment is allowed under an existing NRCC deposit account. Cheques should be made payable to the Receiver General of Canada, credit NRCC. Please send orders to:

Publications Section, CISTI
National Research Council Canada
Ottawa, Ontario
K1A 0S2
Telephone: (613) 933-3736
FAX: (613) 952-9112

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Maureen Wong

Chef, Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa (Ontario)

Codes d'étudiant pour l'interrogation du MEDLARS

A compter du 1er septembre prochain, les établissements d'enseignement pourront offrir à leurs étudiants un tarif réduit pour l'interrogation du MEDLARS. Le programme est conçu pour encourager plus d'étudiants (y compris les internes) à interroger les bases de données offertes dans le MEDLARS.

Tout établissement à vocation pédagogique peut demander au CBSS des codes spéciaux pour leurs étudiants. Les hôpitaux qui accueillent des internes ont également le droit d'obtenir ces codes. Un établissement d'enseignement peut obtenir un nombre de codes d'étudiant et les assigner, à sa discrétion, à des individus ou des groupes d'étudiants. L'établissement recevra les factures mensuelles correspondant à l'utilisation de ces codes. Aussi, l'ICIST demande aux établissements de fournir une liste des individus qui se serviront de chacun des codes.

Dans le cadre de ce programme, les étudiants qui interrogent les bases de données du MEDLARS bénéficient d'un tarif spécial. Le tarif réduit s'applique au temps de connexion en direct, aux énoncés de recherche, aux ressources de l'ordinateur et à la transmission des caractères en direct. Les pages imprimées en différé, les redevances, les frais de télécommunications et l'affichage en direct ne sont cependant pas offert à un tarif réduit. Pour obtenir de l'information sur les coûts et les modalités contractuelles, veuillez communiquer avec le CBSS qui vous fera parvenir une copie de la liste des tarifs d'interrogation du MEDLARS et le bon de commande des codes d'étudiant.

Dépôt canadien des revues indexées pour MEDLINE

La 18e édition des Dépôts canadiens est maintenant offerte au coût de 40 $ l'exemplaire. Les commandes doivent être payées d'avance sauf lorsque les paiements peuvent être effectués par le biais d'un compte de dépôt du CNRC. Les chèques doivent être établis au nom du Receveur général du Canada, au crédit du CNRC. Veuillez envoyer vos commandes à :

Section des publications, ICIST
Conseil national de recherches Canada
Ottawa (Ontario)
K1A 0S2
N° de téléphone : (613) 993-3736
Télécopieur : (613) 952-9112

MEETINGS/WORKSHOPS

CHLA/ABSC 14TH ANNUAL CONFERENCE

June 9-13, 1990*
Edmonton, Alberta

Conference Theme: *HEALTH INFORMATION FOR ALL*

CALL FOR CONTRIBUTED PAPERS:

Have you solved a particularly difficult problem in your library?
Do you have a research project underway?
Are you developing an innovative program?

Share your findings with your CHLA/ABSC colleagues at next year's annual meeting.

Deadline for submission of abstracts: **October 31, 1989.**

Send submissions to:

Sandra Shores
Conference Co-Chair
John W. Scott Health Sciences Library
2K3.28 Walter C. Mackenzie Centre
University of Alberta
Edmonton, Alberta
T6G 2R7

(403) 492-7933
ENVOY: AEU.JWSCOTT

* ***PLEASE NOTE*: The conference dates have been extended. The dates are now Saturday, June 9, 1990 to Wednesday, June 13, 1990.**

OHLA/CHLA TELECONFERENCE SERIES, presented through Telemedicine Canada

Series Moderator: Jennifer Bayne
Day and Time: Tuesdays 11:00 - 11:45

14 November 1989	Planning a CE Course	Toni Janek and Anna Henshaw
5 December 1989	Quality Assurance and Risk Management	Linda McFarlane
23 January 1990	Revenue Generation and the Hospital Library	Jennifer Bayne
13 February 1990	Standards for Canadian Health Care Facility Libraries: A Status Report	Jan Greenwood
6 March 1990	Personal File Management Software	Linda Devore
10 April 1990	The MIS Guidelines: Their Impact on Hospital Libraries	Susan Hendricks
1 May 1990	Strategic Planning for Health Sciences Libraries	Dorothy Fitzgerald
22 May 1990	Role of the Library Technician in the Hospital Library	Sonia Hollins
12 June 1990	*Update from CHLA Annual Meeting in Edmonton	Joanne Marshall and members of the CHLA Executive

* *The Executive looks forward to seeing all CHLA members in Edmonton, but if you are unable to attend, then be sure to tune in to this special Telemedicine broadcast - a first for CHLA!*

CONTINUING EDUCATION COURSES

ONTARIO HOSPITAL LIBRARIES ASSOCIATION

Sunday, October 29, 1989 - Metro Convention Centre, Toronto

The OHLA Education Committee is offering two half-day workshops on the day preceding OHLA's Annual General Meeting at the Ontario Hospital Association Conference. Both courses address the challenges of budgetary constraint.

Morning Workshop: 0900 - 1200 hours

"Collection management in times of fiscal restraint"

Afternoon Workshop: 1300 - 1600 hours

"Sharing resources - expanding your limits while staying within your budget"

Both workshops will be conducted by Miss Jean Antes from Sayre, Pa. Jean is currently Editorial Consultant for the Guthrie Clinic Ltd., in Sayre, Pennsylvania and has been affiliated with the Donald Guthrie Foundation for Medical Research since 1978. From 1970 - 1985, Jean was the Medical Reference Librarian at the Robert Packer Hospital in Sayre. During those fifteen years she introduced the role of Clinical Librarian and founded and supervised the first Circuit Librarian Programme in the U.S. For workshop registration information, please contact Dora McPherson, Chair, CE Committee (519) 663-3464

CONTINUING EDUCATION COURSES -- F.L.I.S., UNIVERSITY OF TORONTO

"The Inside Story":

Pt. I November 3, 1989 - 8:45 am to 4:00 pm

"Behind the Scenes of Text Databases"

Pt. II December 1, 1989 - 8:45 am to 4:00 pm

"The Index and Database Performance"

For further information on these workshops, please contact: Marcia Chen, Office of Continuing Education, Faculty of Library and Information Science. Telephone: (416) 978-7111

NORTHERN ONTARIO TELECONFERENCE NETWORK INC. (NOTN)

Dates:	November 17 and 24, 1989: 1:15 - 2:00 p.m. (ET)
Topic:	**Establishing Library Services: Guidelines for Small Health Care Facilities.**
Presenter:	Jan Greenwood, Health Library Consultant Ontario Medical Association, Toronto, Ontario
Moderator:	Verla Empey, Director of Library Services The Wellesley Hospital, Toronto, Ontario

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HEALTH CONFERENCE '89: 2001 - A Health Odyssey.

HLABC is participating in this conference which will take place in Vancouver from November 28 to December 1, 1989. **Margaret Price**, of the Woodward Biomedical Library at UBC will be speaking on "Consumer Health Information for British Columbians" and **Leilani St. Anna**, from the Health Sciences Library and Information Center, University of Washington in Seattle, will discuss "Personal Files Management". In addition, **Jim Henderson**, also of Woodward, is organizing the development of display panels to describe library services available to health care workers in British Columbia.

ADVANCE NOTICE:

The 15th Annual Conference of CHLA/ABSC will be officially hosted by the Toronto Health Libraries Association, with the majority of the coordinating duties performed by Hamilton Area Library Staff. The Conference will take place at the Sheraton Hamilton during the week of June 17th, 1991.

Nominations for the CHLA

AWARD OF OUTSTANDING ACHIEVEMENT

are now being received by the Board of Directors.

"To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

1. *be currently registered as a member of the Association, OR*
2. *be currently employed as a health sciences librarian, OR*
3. *have been a health sciences librarian for part of a currently active career, OR*
4. *currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix A)

Nominations must be made IN WRITING and mailed to:

William Maes, Past-President
Medical Library
University of Calgary
Calgary, Alberta
T2N 4N1

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A *curriculum vitae*, including publications of the candidate, should be included. **Nominations must be postmarked 1 February, 1990.**

Nominations for

HONORARY LIFE MEMBERSHIP IN CHLA/ABSC

are now being received by the Board of Directors.

"To be eligible for Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the ... affairs of the Association, and fulfill the following:

1. *be at or near the close of an active career in health sciences librarianship,*
2. *hold a regular membership at the time of the nomination,*
3. *have made a significant contribution to the advancement of the purposes of the Association."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix B)

Nominations must be made IN WRITING and mailed to:

William Maes, Past-President
Medical Library
University of Calgary
Calgary, Alberta
T2N 4N1

A *curriculum vitae* and a statement of the candidate's contributions to, and activities within, the Association must be included. **Nominations must be postmarked 1 February, 1990.**

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